


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 14, 2004 8:00 am
Secretary of State

05-05-2004 90014 019 ****50.00

DOCUMENT # L03000047864		<i>paid w/ Ch. # 1606 James Johnson Acct.</i>																																													
1. Entity Name DAVID M. JOHNSON, LLC																																															
Principal Place of Business 2424 CLARA KEE BOULEVARD TALLAHASSEE FL 32303			Mailing Address 2424 CLARA KEE BOULEVARD TALLAHASSEE FL 32303																																												
2. Principal Place of Business <i>2424 Clara Kee Blvd</i>			3. Mailing Address <i>2424 Clara Kee Blvd</i>																																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																												
City & State <i>Tallah, FL</i>			City & State <i>Tallah, FL</i>																																												
Zip <i>32303</i>		Country <i>Leon</i>		4. FEI Number <i>20-042-5607</i>																																											
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent JOHNSON, DAVID M 2424 CLARA KEE BOULEVARD TALLAHASSEE FL 32303			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																												
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																															
SIGNATURE _____ (NOTE: Registered Agent signature required when revesting)																																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																															
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;">MGRM JOHNSON, DAVID M 2424 CLARA KEE BOULEVARD TALLAHASSEE FL 32303</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, DAVID M 2424 CLARA KEE BOULEVARD TALLAHASSEE FL 32303	<input type="checkbox"/> Delete																			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;"></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																															
SIGNATURE: <i>David M. Johnson</i> - David M. Johnson <i>5/3/04</i> <i>850-282-1848</i>																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																															

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MOORE CR2E083 (11/03)